

Vermont State Hospital Procedure		B10a
VSH Emergency Medical Response Procedure		
Replaces version dated: 2/24/10	Update: X	Effective Date: 12/13/10
Previous Titles: Replaces Medical Emergency Procedure		
Approved by Vermont State Hospital Leadership Team:		Date: 12/13/10

**Authority:**

**18 V.S.A. § 9708**

**Vt. Code R. 13 140 066 Section VI**

**Policy Statement:**

When acute medical care is required, Vermont State Hospital (VSH) medical and nursing staff members shall assess the patient, or any other individual who requires emergency medical attention, and shall provide the appropriate treatments available at VSH.

When an individual requires treatment or other services not available at VSH, clinical and other hospital employees shall contact emergency personnel (ambulance services) and assist them in providing transportation to the appropriate medical treatment setting.

**Purpose:**

- To assure appropriate care and treatment of VSH patients and any other person who requires an emergency medical response at the Vermont State Hospital.
- To honor any properly executed patient Advance Directive.
- To ensure employees are trained to respond effectively to medical emergencies.
- To ensure that emergency supplies are readily available and that employees are properly trained in their use.
- To provide prompt and safe transport to the appropriate treatment setting for patients and others who require a higher level of medical care than may be provided at VSH.

**PLEASE NOTE: Emergency medical treatment for a patient who has a legally binding Advance Directive shall be conducted according to the patient's wishes. If the patient requires emergency ambulance transport to another hospital, a copy of the Advance Directive should be provided to the ambulance staff, with communication regarding the limits of treatment determined by the patient.**

*(See Advance Directives Policy, B3)*

**MEDICAL EMERGENCY**

**Definition:** A medical emergency is defined as an acute situation that may pose the risk of permanent injury, loss of function, or death.

- I. Medical Emergency Procedure: Please note:** Though this emergency response is specific to the care and treatment of inpatients of the Vermont State Hospital, the same response sequence shall be activated and provided for any employee, hospital visitor, or other individual who experiences a medical emergency at the Vermont State Hospital.

- A. When a medical emergency is encountered, staff shall immediately:
- summon assistance from other members of the nursing and medical staff
  - call the Emergency Telephone Number (3200)
  - assess the individual and initiate the necessary treatment actions
- B. Admissions staff actions in response to a 3200/Medical Emergency call:
- Announce the medical emergency on all voice pagers
  - Announce the medical emergency to all text pagers being carried by members of the Emergency Squad
  - When instructed by a physician, or a nurse designated by a physician, contact and request ambulance services
  - Complete an Emergency Response Reporting Form and document the event in the Admission Log
- C. Licensed clinical staff (MD/RN/LPN) shall assess the individual in order to determine the immediate needs for care, shall provide the appropriate medical care available in this setting, and determine if transport to another treatment setting is required. If treatment in another setting is required, a physician will determine the need for ambulance services and will direct a staff member to call Admissions for assistance in arranging transportation.
- D. In the event that cardiac/respiratory arrest has occurred, a staff member certified in cardio-pulmonary resuscitation (CPR) shall institute Basic Life Support (BLS) procedures and utilize an Automatic External Defibrillator (AED) as indicated by the individual's condition. Measures used by hospital staff to resuscitate shall be limited to Basic Life Support (BLS).
- Definition: Basic Life Support (BLS) means Cardio-Pulmonary Resuscitation (CPR) plus Automatic External Defibrillator (AED)**
- If a patient has a properly executed Do Not Resuscitate Order, these procedures (CPR and/or AED) shall not be undertaken.
- E. The physician shall direct the management of the medical emergency.
- F. Emergency response (ambulance services) staff shall enter through the Admission area. A staff member shall be deployed to meet the emergency response team and accompany the team to the individual requiring emergency medical treatment and care.
- G. When a VSH patient experiences a medical emergency, a physician or registered nurse shall notify the patient's family, guardian, significant other, or other designated personal representative identified by the patient "to be notified in case of emergency" as soon as practicable following the acute medical emergency.

- H.** When a medical emergency is encountered off the unit, in a yard or on hospital grounds, staff shall immediately use a radio to contact admissions. Staff should call the emergency using the following dialogue “*staff name* calling admissions for medical emergency at *location*.” Admissions staff will repeat the nature and location of the emergency on the radio to confirm receipt of transmission.

## **II. Medical Emergency Equipment:**

- A.** Emergency Carts are located in a secure area on each Patient Care Unit. First Aid Kits are available in the Admissions area and in the Treatment Mall.
- B.** Emergency Carts shall be locked at all times to ensure the integrity of their contents. The locks shall be checked and documented daily, and the contents of locked Emergency Carts shall be checked and documented monthly by nursing staff.
- C.** The expiration dates of all supplies in the Emergency Carts shall be checked monthly. Any item with an expiration date of less than one month shall be replaced.
- D.** An Automatic External Defibrillator (AED) is available on each Patient Care Unit and in the Treatment Mall

## **III. Medical Emergency Training and Improvement:**

- A.** Basic Life Support: VSH employees who are expected to provide Basic Life Support (BLS) shall recertify in BLS no less frequently than every two years.
- A.** The Hospital Safety Committee will develop scenarios for simulated medical emergencies (such as cardiac arrest or seizures) and will schedule, implement, and oversee these "medical emergency drills" in various locations throughout the hospital (including all inpatient units).
- B.** The Safety Committee will then review and evaluate staff responses during the drill, and will make those recommendations to the VSH Leadership Team as needed to improve the capacity of treatment staff to respond effectively in emergency situations.

Approval date: December 13, 2010	
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